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City/State	NAME(S) & DOCUMENT N	Office Use UMBER(S), (if known):	e Only
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NEW FILINGS	AMENDMENTS		
Profit	Amendment	<u> </u>	-
NonProfit	Resignation of R.A., Officer/D.	irector	
Limited Liability	Change of Registered Agent		
Domestication Other	Dissolution/Withdrawal		JD45362680
Outer	Merger		J8/15/0101042022
OTHER FILINGS	REGISTRATION		******87.50 *****87.50
Annual Report	QUALIFICATION		
Fictitious Name	Foreign	000	H. 0
Name Reservation	Limited Partnership	100 10'S	\cap
	Reinstatement	20000001501	H 1500 -
	Trademark	My &'	(K6 =
	Other	J "	18
31/1/95)		Examiner's Initials	1

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, (2) 11, 8. F.

(traine of registered agent)
hereby resigns as Registered Agent for Attor 17eachers, Tre. (Name of corporation)
A copy of this resignation was mailed to the above listed corporation at its last known address. The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
(Signature of resigning agent)
If signing on behalf of an entity:
(Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314